

# **COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM** PERIOD JULY 1, 2012 - JUNE 30, 2013 Deadline: July 12, 2013

COUNTY OF SAM DIEGO BOARD OF STURMINGER

2013 JUL 10 PM 2 50

1.	DEI AKTRIERT INFORMATION.	CLENK OF THE
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Department:

Healh & Human Services Agency - North Coastal & North Inland Regions

Division/Unit:

North Coastal Family Resource Center (NCFRC)

#### 2. **VOLUNTEER PROGRAM BENEFITS:**

DEPARTMENT INFORMATION.

a.	GENERAL VOLUNTEERS	(this section should	include community v	olunteer, s	student intern,	grou	ps,
cor	porations, etc).					刮	3,09
WASHING THE RESIDENCE	AND THE PROPERTY OF THE PROPER		PRINCE AND ADDRESS OF THE PRINCE AND ADDRESS	97.02288748042507			

No. of Vol.

2 Hours

140 X

**\$22.14** =

Types of work performed by GENERAL VOLUNTEERS in this category:

Updated MC-180 Logs for 2010, 2011 and 2012, gathering input from multiple folders. Prepared over 200 Accuracy Tool-Wrap-up Reminder Cards/preparing layout, printing, cutting and laminating updated building key log and created key checkout log.

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.

22 Hours

3,065 X

**\$22.14** =

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Assembled recertification, welcome and application packets, emptied recycle bins, sorted mail, filed homeless mail, made copies, gave out receipts to clients.

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

**VCL** Dollar Benefit Position Hours X \$0.00 N/A

No. of Vol. **Total Hours** 0 Total Value = \$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNT	EERS (from above):	•		
No. of Volunteers	<u>Hours</u>	<u>Do</u>	ollar Benefit	00/
2a. 2 1 (vin)	136		\$3,0°	79.62 <del>1.81</del>
2b. 22 19 (m)	2,696	\$ 67,8	859.10 \$67 <del>.85</del>	6.89
2c				
Hotal Voll. 24 20 Prins	2,832 Nai V	Alite (Fally)	\$70,95	8.70
DONATIONS TO VOLUNTEER PROG	DAM.	•		
Please list all donations to the department's tangible/intangible items. Items such as com				r
market value to each and add to the total va			abo abbigii a ian	. All on
T. D 1 N/A	•	Value.		- 84 (84)
Item Donated: N/A		Value:	· · · · · · · · · · · · · · · · · · ·	
	1(02/21/20/Analous=1997)			00,00
				* <b>\$</b> \$ *
volunteer program costs:  a. Cost of supervision of volunteeers (total	hours of direct supervis	ion multiplied by the h	ourly rate of sta	ff
person (s) <u>directly supervising</u> program volu		non manaphot by the h	ourly raid or our	
Hours X Rate	=		18	33.36
b. Cost of program coordination (total hou	rs of program coordinat	ion multiplied the hour	ly rate of	
coordinator(s)). This section should include				
preparation, volunteer placement, recogniti	on, etc.)			.),()(1)
Hours 22 X X Rate	\$21.63		\$2	75.86
c. Other program costs (volunteer training	materials/supplies, reco	ognition costs, etc.):		
<u>Item</u>			Cost	
<u>reem</u>			<u></u>	a market
			W6155 - Z#0250	
TOTAL OF OTHER PROGRAM COST	ΓS =	e de la companya de		\$0.00
d. TOTAL OF VOLUNTEER PROGRAM (add 4a, 4b, and 4c)	A COST =		<b>51</b> .	iji 22

3.

## 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$70,958.70
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$1,309.22

#### TOTAL PROGRAM BENEFIT

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#### 6. **RECRUITING:**

Please describe your recruiting programs:

Referral from Rescare, Arbor Employment & Training, Meeting with Work Experience Case Manager - monthly work experience report completed and sent to Work Experience Manager at Rescare Office.

## 7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

## 8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

HHSA/North Coastal FRC's goal is to continue to provide work experience for customers who are seeking clerical experience to prepare them for employment.

## 9. GENERAL INFORMATION:

Name of person completing	Elvira Obrego	on		
Phone: <u>760-754-5833</u>	Mail Stop:	N106	E-Mail:	Elvira.Obregon@sdcounty.ca.gov
Volunteer Coordinator:	Vicky Mags	sasay		
Phone: 760-740-4135	Mail Stop:	N465	E-Mail:	Vicky.Magsaysay@sdcounty.ca.gov

### 10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

Chuck Matthews, Deputy Director North Coastal & North Inland Regions